MAXIMUS Federal Services

Case Number:	CM15-0115629		
Date Assigned:	06/23/2015	Date of Injury:	06/16/1996
Decision Date:	09/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male who sustained an industrial injury on 06/16/1996. Diagnoses include post laminectomy syndrome of the lumbar spine, osteoarthritis of the knee, and sacroiliitis. Treatment to date has included diagnostic studies, medication, physical therapy, home exercises, corticosteroid injections, a cervical spinal fusion and a lumbar spine decompression with laminectomy and posterior fusion and a spinal cord stimulator. His medications include Celebrex, Flexeril and Vicodin ES. A physician progress note dated 05/19/2015 documents the injured worker complains of back and left knee pain. His low back pain is rated at 8 out of 10, and he has radicular pain into his legs with pain in the left greater than the right. He feels the spinal cord stimulator is not working. He feels his left knee is doing well. He gets some popping when he walks and it feels a little swollen. He does have stabbing pain on the right buttock which has not improved and it is not improving with his pain medications. It is worse with sitting. He has a painful sacroiliac joint. He has mild lumbar spasm. There is crepitation in the left patella which is mild. Lumbar range of motion is limited and painful. There is pain to palpation over the lumbar intervertebral disc space at approximately L4 to the sacrum which is worse with flexion. There is right S1 tenderness, and right positive Faber, Gaenslen's, and finger fortin's test. Left knee flexion is 100 degrees and extension is 5 degrees. He has tenderness to palpation across the medial and lateral margins of the left knee. Treatment requested is for Chest x-ray, Electrocardiograph, Flexeril 10mg #60, Labs (CBC, platelet count), Meloxicam 7.5mg #60, and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electrocardiograph (EKG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, page 92-93, Official Disability Guidelines, Low Back, Preoperative testing, general, Preoperative electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter under Pre-Operative testing.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is for Electrocardiograph (EKG). The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work status is not provided. ODG, Low Back - Lumbar & Thoracic Chapter has the following under Pre-Operative testing: These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In regard to the preoperative EKG prior to an SI block which is being performed under monitored anesthesia, the request is appropriate. Such examinations are useful to mitigate risk in patients with comorbidities, such as cardiovascular disease or advanced age. Per progress note dated 05/19/15, the provider states the reason for the requested diagnostic: "request authorization for medical clearance with [redacted] to include baseline EKG, CBC and platelet count. He is 66 years old and has a history of hypertension and hypercholesterolemia, and his degree of activity is relatively limited." It is also documented that this patient has a history of irregular cardiac rhythm. Given these factors, EKG testing of this patient as a pre-operative measure is appropriate. The request is medically necessary.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground

Rules, California Official Medical Fee Schedule, page 92-93, Official Disability Guidelines, Low Back, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, under X-ray.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is For Chest X-Ray. The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work status is not provided. ODG Pulmonary Chapter, X-ray, has the following, Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath. a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006) In regard to the chest X-ray, presumably as a pre-operative measure, the treater has not provided a reason for the request. This patient is scheduled to undergo an SI block under monitored anesthesia and is currently in a pre-operative phase. While this patient presents with evidence of cardiac history, hypercholesterolemia, and advanced age, there is no documentation provided of respiratory complaints. It is not clear why a chest X-ray is necessary for an SI block procedure. Therefore, the request is not medically necessary.

Labs (CBC, platelet count): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, page 92-93, Official Disability Guidelines, Low Back, Preoperative testing, general, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter under Preoperative lab testing.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is for LABS (CBC, Platelet Count). The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work

status is not provided. The Low Back - Lumbar & Thoracic Chapter has the following under Preoperative lab testing: Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In regard to the pre-operative blood labs, the request is appropriate. Laboratory studies are useful to mitigate risk in patients with co-morbidities - such as diabetes, electrolyte imbalance, or cardiac complaints. Per progress note dated 05/19/15, the provider states the reason for the requested diagnostic: "request authorization for medical clearance with [redacted] to include baseline EKG, CBC and platelet count. He is 66 years old and has a history of hypertension and hypercholesterolemia, and his degree of activity is relatively limited." It is also documented that this patient has a history of irregular cardiac rhythm. Given these factors, blood lab tests for this patient as a pre- operative measure is appropriate. The request is medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is for Norco 10/325MG #90. The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): Pain should be assessed at each visit, and functioning should be measured at

6-month intervals using a numerical scale or validated instrument. MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As - analgesia, ADLs, adverse side effects, and adverse behavior-, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of medication efficacy. This patient has been prescribed Norco since at least 10/29/14. Progress note dated 05/19/15 does not include documentation of analgesia or specific functional improvements attributed to Narcotic medications. MTUS guidelines required documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior. In this case, no analgesia nor functional improvements are noted, and there is no statement of a lack of aberrant behavior. More importantly, MTUS p80, 81 also states the following regarding narcotics for chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. Owing to these factors and a lack of 4A's documentation as required by MTUS, the request is not medically necessary and the patient should be slowly weaned.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenaorine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is for flexeril 10MG #60. The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 10/29/14. Guidelines indicate that muscle relaxants such as Flexeril are

considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 60 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

Meloxicam 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, left greater than right. The patient's date of injury is 06/16/96. Patient is status post spinal cord stimulator placement on 08/11/14 and status post lumbar laminectomy at a date unspecified. The request is for Meloxicam 7.5MG #60. The RFA is dated 05/19/15. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar spine from L4 into the sacram, tenderness in the right SI joint, positive Patrick's test and straight leg raise test on the right, and spasms in the lumbar paraspinal musculature. The patient is currently prescribed Celebrex, Vicodin, Flexeril, and Lyrica. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to the prescription of Meloxicam, the request is excessive. This patient is currently prescribed another NSAID, Celebrex - though the efficacy of this medication is not addressed in recent progress notes. Progress note dated 05/19/15, which is associated with the RFA for this medication does not discuss the use of Meloxicam in lieu of Celebrex. No rationale is provided as to why the provider is requesting a second NSAID medication - and progress note 05/19/15 treatment plan specifically states: "Continue Celebrex." Without a rationale as to why this medication is required, the request for a second NSAID is excessive and cannot be substantiated. The request is not medically necessary.